SCHEDULE B (FEC FOIII 3X)	Use separate sched				IE NUMBER: PAGE 77 / 83 nly one)						
TEMIZED DISBURSEMENTS	for each category of Detailed Summary P	the	<u> </u>	b [	22 28a	_	23 28b	24 28c	П	25 29	2 3
Any Information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	ame and address of any po	olitical com	any per mittee	son fo	r the pu	rpose	e of so	liciting o	ontrib	utions	
Thrivent Financial for Lutherans - Emplo	oyee Political Action C	ommittee	)								
Full Name (Last, First, Middle Initial) Friends of Lois Capps  Mailing Address PO Box 23940					Date			D /		297 0 ð 9	Y
City Santa Barbara	State Zip Code CA 93121-3				Amou	int of	Each	Disburs	ement	this P	eriod
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Full Name (Last, First, Middle Initial) DAKPAC					Date		burse				Y
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Full Name (Last, First, Middle Initial) Friends of Byron Dorgan					Date of	of Dis	burse				
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SUBTOTAL of Disbursements This Page (options	al)			<u> </u>		-			400	0.00	<u> </u>
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